

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091701961

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
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11		1					61							
12							62							
13							63							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	10						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							